

**NIH CLINICAL CENTER NURSING & PATIENT CARE SERVICES**  
**CRN POC COMPETENCY VALIDATION**

Name: \_\_\_\_\_ Manager or Designee: \_\_\_\_\_  
 Work Area: \_\_\_\_\_ Primary Preceptor: \_\_\_\_\_  
 Hire Date: \_\_\_\_\_ Competency Date: Met \_\_\_\_\_ Not Met: \_\_\_\_\_

Reason for validation: ☐ Orientation ☐ Re-validation ☐ PI Follow-up ☐ Other \_\_\_\_\_

**Key:** 1 = No knowledge/No experience      3 = Knowledge/Done with assistance      **Circle method used for validation:** D = Demonstration      DR = Documentation Review      V = Verbalization  
 2 = Knowledge/No experience      4 = Knowledge/Done independently      T = Test/Quiz      O = Other (specify)

**Competency: Code Team – Responds appropriately to a code blue call.**

Behavioral Indicators	Self Evaluation				Assessment Method	Validator's Signature/Date		Learning Resources	Comments
						Met	Not Met*		
1. Completes Code Team orientation for adult and pediatric patients.	1	2	3	4	DR			<u>NPCS Procedure:</u> Pediatric Emergency Vasoactive/Antirhythmic IV Medication Administration  <u>NPCS SOP:</u> Mechanical Ventilatory Assistance , Care of the Patient Requiring  <u>MAS:</u> Emergency Medical Services (M95-1)  Code Team Training Module Pediatric Review Module  Administration of Resuscitation Medications to Infants and Children Module  Adult Emergency Standard Orders  Experience with preceptor	
2. Responds appropriately to emergencies following the A, B, C, D approach.	1	2	3	4	D				
3. Demonstrates correct operation of the defibrillator/pacing machines.	1	2	3	4	D				
4. Locates first time medications on the code cart.	1	2	3	4	D				
5. Identifies all medications available on the code cart.	1	2	3	4	D, V				
6. Demonstrates BVM ventilation for both adult and pediatric patients.	1	2	3	4	D				
7. Identifies needed equipment for intubation.	1	2	3	4	D, V				
8. Assists with intubation as required.	1	2	3	4	D, V				
9. Demonstrates administration of pediatric medications: single-dose system, use of PEDS, vasoactive drip sheet and rapid sequence intubation sheet.	1	2	3	4	D				
10. Demonstrates rapid administration of fluid boluses to pediatric patients.	1	2	3	4	D, V				
11. Documents event according to MAS policy.	1	2	3	4	DR				

**Action Plan for Competency Achievement**

Targeted Areas for Improvement (Behavioral Indicators):


Educational Activities/Resources Provided:


“Hands on” practice planned with preceptor, unit educator, CNS, nurse manager:


Re-evaluation date: \_\_\_\_\_

By: \_\_\_\_\_

- ☐ Competency Met
- ☐ Competency Not Met

Next Step:\_\_\_\_\_